

# Miami County Health Department

## Death Certificate Request Form

Name at Death: \_\_\_\_\_

Date of Death: \_\_\_\_\_

Place of Death: \_\_\_\_\_

Mail to: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Person Requesting Record: \_\_\_\_\_

Relationship to the Decedent: \_\_\_\_\_

Purpose of Record: \_\_\_\_\_

Your Daytime Phone Number (including area code): \_\_\_\_\_

Your Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Enclose a photocopy of your driver's license and a money order for \$15.00 per certificate, made payable to the Board of Health and send it along with this completed form to:

Miami County Courthouse  
Attention: Registrar  
25 North Broadway Street, Room 106  
Peru, IN 46970

In order to process your request, this form must be filled out completely and a copy of your driver's license must be enclosed.